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	FC:2501 755.00 DA FC:1504 300.00 DA				3-24-11	Our O		(Signature)	
	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR	R ATTORNEY DOCKET NO.			CONFIRMATION NO.	
	10/797,956 03/11/2004			Larry E. Wittmeyer J		77220	4-0006-0002	4878	
,	TITLE OF INVENTION: MULTI-FUNCTIONAL STACK OF REPOSITIONABLE SHEETS								
	APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE 1	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	XXX YES	*** \$75!	5 \$300	\$0	\$0 <b>x***</b> \$0 \$1,		055 03/24/2010	
	EXAMINER		ART UNIT	CLASS-SUBCLASS	1				
	CHANG, VICTOR S		1794	428-040100					
	<ul> <li>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
	Larry E. Wittmeyer, Jr.			Lake Lotawana, MO					
	Please check the appropriate assignee category or categories (will not be printed on the patent): Kindividual Corporation or other private group entity Government								
	4a. The following fee(s) are submitted:  All Issue Fee  All Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 194409 (enclose an extra copy of this form).					
	5. Change in Entity Status (from status indicated above)  Xa. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  NOTE: The Issue Fee and Publication Fee (if required) will not be accert			□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). seed from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in rk Office.					
	interest as shown by the re	cords of the United Sta	tes Pate it and Trademark	Office.	are appream, a reg	isicica ano	riney of agent, of the	c assignee of outer party in	
	Authorized Signature			Date March 24, 2010					
	Typed or printed name Penny R. Slicer			Registration No. 34,017					
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